

State of Alabama

**CAPCO APPLICATION**

**Disclosure Statement**

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APPLICANT

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ADDRESS

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CITY, STATE, ZIP

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TELEPHONE NUMBER

(       )

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1. Did the applicant or any person who would benefit financially from the applicant's designation as a CAPCO hire a person to attempt to influence the enactment of the legislation that became Alabama Act No. 2002-429 (the CAPCO law)?

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If yes, identify below the person(s) hired:

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2. Has the applicant or any person who would benefit financially from the applicant's designation as a CAPCO hired a person to attempt to influence the ADO's consideration of the applicant's application for designation as a CAPCO?

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If yes, identify below the person(s) hired:

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3. List below the name(s) and address(es) of all public officials/public employees with whom any person who would benefit financially from the applicant's designation as a CAPCO has a family relationship. Identify the State Department/Agency for which the public officials/public employees work (Attach additional sheets if necessary).

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**NAME OF PUBLIC OFFICIAL/EMPLOYEE**

**ADDRESS**

**STATE DEPARTMENT/AGENCY**

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4. List below the name(s) and address(es) of all family members of public officials/public employees with whom any person who would benefit financially from the applicant's designation as a CAPCO has a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

**NAME OF  
FAMILY MEMBER**

**ADDRESS**

**NAME OF PUBLIC OFFICIAL/  
PUBLIC EMPLOYEE**

**STATE DEPARTMENT/  
AGENCY WHERE EMPLOYED**

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If you identified individuals in items three and/or four above, describe in detail below the financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the applicants designation as a CAPCO. (Attach additional sheets if necessary.)

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Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the applicant's designation as a CAPCO. (Attach additional sheets if necessary.)

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List below the name(s) and address(es) of all paid consultants utilized in connection with the applicant's application for designation as a CAPCO:

**NAME OF PAID CONSULTANT**

**ADDRESS**

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*By signing below, I certify that all statements on or attached to this form are true and correct to the best of my knowledge.*

Signature

Date

Notary's Signature

Date

Date Notary Expires